

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3561

=62-027053

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED JUL 25 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

8 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION Gen. Hosp. #1

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

Inside Limits

Yes ☐ No ☐

c. CITY

OR TOWN

Kansas City

d. STREET ADDRESS

(If outside, give location)

2527 Vine Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Bennie

Middle

Moore

Last

Dyer

4. DATE OF DEATH

Month

Day

Year

July

3

1962

5. SEX

Male

6. COLOR OR RACE

Col.

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

1/17/17

9. AGE (last birthday)

45

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sanitor

10b. KIND OF BUSINESS OR INDUSTRY

Coch Supply

11. BIRTHPLACE (City and state or country)

Little Rock, Ark.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

London Dyer

13b. MOTHER'S MAIDEN NAME

Clara Day

14. NAME OF HUSBAND OR WIFE

Queen Esther

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

71 London Dyer, Omaha, Nebr.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema & Congestion

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Intracranial Hemorrhage

DUE TO (c)

Head Trauma

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

X

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

2-car collision

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

6/14/62

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

23rd Park

20f. CITY, TOWN, OR LOCATION

Kansas City, Jackson, Mo

COUNTY

STATE

21. I attended the deceased from

to

and last saw him

her

give on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Deputy Coroner

22b. ADDRESS

1618 Lydia Ave

22c. DATE SIGNED

7/6/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

7/8/62

23c. NAME OF CEMETERY OR CREMATORY

Heavenly Rest

23d. LOCATION (City, town, or county)

Little Rock, Ark.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Badeau, Appleton & Jones, K.C., Mo.

25. DATE RECD. BY LOCAL REG.

7-7-62

26. REGISTRAR'S SIGNATURE

Ruth N Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

L.M. Tillman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John R. Simon

Licensed Embalmer No.

4531

P. O. Address

Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.